

This suggested form is to be kept for your school records.  
Do not submit this form to Nebraska Department of Education.

# Daily Vehicle Inspection

Bus No.		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Other	
		Am	Pm	Am	Pm	Am	Pm	Am	Pm	Am	Pm	Am	Pm	Am	Pm
<b>Under the Hood</b>	1. Water Level														
	2. Oil Level														
	3. Belts & Hoses														
	4. Fluid Leaks														
<b>Inside the Bus</b>	5. Floor Clean														
	6. Seats & Windows														
	7. Emergency Equipment														
<b>Start Engine</b>	8. Oil Pressure														
	9. Air/Vacuum Pressure														
	10. Fuel Level														
	11. Heaters & Defrosters														
	12. Wipers & Washer														
	13. Service Door														
	14. Low & High Beam Indicator														
	15. Left Signal Indicator														
	16. Amber Warning Lights														
	17. Emergency Exit & Buzzer														
<b>Outside the Bus</b>	18. Rear Clear Lights														
	19. Amber Warning Lights														
	20. Left Turn Signal, Rear														
	21. Brake & Taillights														
	22. I.D. Lights														
	23. Exhaust System														
	24. Tires & Wheels, Rear														
<b>Move to Front</b>	25. Headlights, High Beam														
	26. Clear Lights														
	27. Amber Warning Lights														
	28. Left Turn Signal, Front														
	29. Front Tires & Wheels														
	30. Crossover Mirror														
	31. Both Rear View Mirrors														
<b>Re-Enter the Bus</b>	32. Low Beam Indicator														
	33. Right Signal Indicator														
	34. Red Warning Lights														
<b>Outside the Bus</b>	35. Right Turn Signal, Front														
	36. Red Warning Lights														
<b>Move to Front</b>	37. Right Turn, Signal														
	38. Red Warning Lights														
<b>Re-Enter the Bus</b>	39. Service Brakes														
	40. Parking Brake														

## Odometer

Mon. Tues. Wed. Thurs. Fri.

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Regular Route	Before	Am						Activity Trips	Before	Am					
	After	Pm							After	Pm					

(Suggestion: Sign your initials at the top of each day to confirm the inspections have been completed for that day)

Signature: \_\_\_\_\_

Provided by NDE (4-01-01)